

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**ATTACHMENT TO
QUALIFIED DOMESTIC RELATIONS ORDER FOR SUPPORT (form FL-460)**

STATEMENT OF CONFIDENTIAL INFORMATION

DO NOT FILE WITH COURT

This separate statement of confidential information sets forth the social security number of the Employee and any alternate participant for whose benefit **spousal or family support** is being withheld under the *Qualified Domestic Relations Order for Support* (form FL-460). The Plan will require this information for tax reporting purposes. Do not include social security numbers for persons receiving child support or for a child alternate payee. **This form must be completed and served on the Plan with a copy of the order.**

1. EMPLOYEE INFORMATION

- a. Employee name:
- b. Employee social security number:

2. SPOUSAL OR FAMILY ALTERNATE PAYEE INFORMATION (for spousal or family support only):

- a. Spousal or family alternate payee's name:
- b. Spousal or family alternate payee's social security number: